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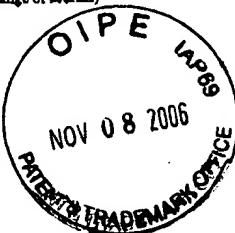
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7590 10/26/2006

Joseph S. Tripoli, Patent Operations  
 Thomson Multimedia Licensing Inc.  
 PO Box 5312  
 Princeton, NJ 08543-5312

11/09/2006 MBELETE2 00000026 070832 09494514

01 FC:1501 1400.00 DA  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Lori Klewin	(Depositor's name)
<i>Lori Klewin</i>	(Signature)
November 8, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/494,514	02/01/2000	Thampudi Navcen	PU020213	3562

## TITLE OF INVENTION: COARSE REPRESENTATION OF VISUAL OBJECT'S SHAPE FOR SEARCH/QUERY/FILTERING APPLICATIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	01/26/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
STREGE, JOHN B	2624	382-108000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 Joseph J. Laks
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2 Ronald H. Kurdyla
	3 Joel M. Fogelson

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Thomson Licensing

Boulogne-Billancourt, France

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
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Authorized Signature

*[Signature]*  
 Joel M. Fogelson

Typed or printed name

Date 11/8/06  
 Registration No. 43,613

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